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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-LA 4798
SERIAL NO: 09/892,071	FILING DATE: June 26, 2001	EXAMINER: B. Chism	GROUP ART UNIT: 1653
INVENTION: CONFORMATIONALLY STABILIZED CELL ADHESION PEPTIDES			

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
 ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Lisa Oliver
 (TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Lisa Oliver
 (SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action,
 mailed June 6, 2002, with attached Appendix A, in the above-
 identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for a three-month Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND-MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	10	-	20	-	0	x \$9	\$18
INDEPENDENT CLAIMS	9	-	5	-	4	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES		x NO		\$140	\$280
						TOTAL ADDITIONAL FEE	\$336

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Please charge my Deposit Account No. 03-0370 the amount of \$ _____. A duplicate copy of this sheet is enclosed.

Inventors: Pierschbacher and Ruoslahti
Serial No.: 09/892,071
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- X A check in the amount of \$1,256.00 is enclosed, \$336.00 of which covers the additional claims fee, and \$920.00 of which covers the fee for a three-month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


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